## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15 3.

| Date:  | <u>4-10-08</u>   | Address:   | CLIFTON HEIGHTS  |  |
|--|--|--|--|--|
| Case #:  | <u>34-33890</u>  |  | CEMETERY   |  |
| County:  | <u>PERRY</u>   |  | CANNELTON  |  |
| Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)  |  | Seizure Location (a Residence Outbuilding Vehicle  | theck all that apply)  Hotel/Motel  Open – No Structure Other: |  |
| Items Found: Location (bedroom, kitchen, open air, ctc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):  Flammable Solvents: |  |  |  |  |
| Water Reactive Metal (Lithium):  |  |  |  |  |
| Anhydrous Ammonia:   |  |  |  |  |
| ⊠ HydrochJoric Acid Gas Generator(s):  |  |  |  |  |
| Corrosive Acid:  |  |  |  |  |
| Corrosive Base:  |  |  |  |  |
| Other (item and location):   |  |  |  |  |
| Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services  |  | Investigative Information  Ephedrine/Pscudoephedrine Tracking Log Retail/Merchant Tip Other: |  |  |
| This report  | is to be faxed to the following agen                             | cies that serve the lo   | cation:  |  |
| Fire Departr   | epartment: TROY TWP Fax: N/A                                     |  |  |  |
| Health Department: PERRY CO  |  | Fax: <u>547.0415</u><br>Fax:   |  |  |
| Child Protec   | etion Service:   | •  |  |  |
| Investigating  | nformation regarding this methamphe g Officer: <u>SMITH</u> Phor | ne <u>246,5424</u>   |  |  |

to the Pire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.